

ISSUE SLIP STAPLE AREA (for additional cross references)

657-03

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|-----------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 43 | 1/6/01 |
| FORMALITY REVIEW | CV | 503 | 108-22-01 |
| RESPONSE FORMALITY REVIEW | HL | 104 | 11/22/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
| 2 | ✓ |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here